

RESIDENTIAL CARE HOMES (ELDERLY PERSONS) ORDINANCE

APPLICATION FOR A LICENCE

Please read the note on page 7 and page 8 before submission.

Applicant must complete Sections I, II, III or IV, V(A) or V(B) and VI in English or Chinese. The completed application form together with the required information and plans can be sent to LORCHE by hand or by registered post. Should there be any changes to the information contained therein, the applicant is required to inform LORCHE by written correspondence at the earliest possible time. The hotline for enquiry of application for licence is 2961 7211 or 2834 7414.

Section I *Please tick in the appropriate box*

- [] Application is hereby made for a Licence under Section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance.
- [] Application is hereby made for a renewal of Licence under Section 9 of the Residential Care Homes (Elderly Persons) Ordinance.

Existing Licence Number : _____

Section II *Particulars of the residential care home for the elderly in respect of which application for a Licence is sought.*

- (a) Name of the residential care home for the elderly in English :

- (b) Name of the residential care home for the elderly in Chinese :

- (c) Address of the residential care home for the elderly (state in detail the address which should tally with the Business Registration Certificate, Business Registration Application and Demand Note for Rate) :

Flat/Room	Block	Floor	Name of Building
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Number and Name of Street/Estate and/or Number of lot	District
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Hong Kong/Kowloon/New Territories *

- (d) Telephone number : _____
- (e) Fax Number : _____
- (f) Email Address (if applicable) : _____
- (g) Number of floors of the building occupied by the residential care home for the elderly : _____ floor(s).
- (h) Number of units of the building occupied by the residential care home for the elderly : _____ unit(s).
- (i) Financing nature of the residential care home for the elderly : (Please tick as appropriate)
- Subvented
- Self-financing and non-profit-making
- Private
- Contract Home
- Others (please specify): _____
- (j) Type of the residential care home for the elderly : (Please refer to Chapter 2 of the Code of Practice for Residential Care Homes (Elderly Persons) for classification of homes and tick as appropriate)
- a care-and-attention home
- an aged home
- a self-care hostel
- (k) The premises of the residential care home for the elderly is : (Please tick as appropriate and provide documentary proof as stated in Note (b) (6) on page 8 below)
- a self-owned property
- a rented premises
- partly self-owned and partly rented
- self-owned unit(s) concerned : _____
- rented unit(s) concerned : _____

(l) Capacity versus occupancy of the residential care home for the elderly :

	<u>No. of Beds</u>	<u>Existing No. of Residents</u>
Care-and-attention places	_____	_____
aged home places	_____	_____
self-care places	_____	_____
Total	_____	_____

(m) Net floor area of the residential care home for the elderly : (it should be the same measurement marked on the layout plan submitted with this application form)

_____ square meters

(n) The residential care home for the elderly is : (Please tick as appropriate)

a proposed service/business an existing service/business

(o) Date/Tentative date * of commencement of service/business :

Date Month Year

(p) Does the residential care home for the elderly comply with the lease conditions and Deed of Mutual Covenant ? (Please refer to para. 4.2 under Chapter 4 of the Code of Practice for Residential Care Homes (Elderly Persons) and tick as appropriate)

Yes No Others (please specify) : _____

(q) Monthly fee charged per resident :

Minimum : \$ _____

Maximum : \$ _____

Section III *Ownership of Business (For completion if the residential care home for the elderly is a private establishment registered with the Inland Revenue Department according to the Business Registration Ordinance)*

(a) Ownership of business : (Please tick as appropriate)

Sole proprietorship

Partnership

Corporate body

(b) Name of Owner(s) :

For completion if the ownership is sole proprietorship or partnership :

(i) Mr/Mrs/Miss/Ms * _____
(English, surname first) (Chinese)

Hong Kong Identity Card Number : _____

(ii) Mr/Mrs/Miss/Ms * _____
(English, surname first) (Chinese)

Hong Kong Identity Card Number : _____

(iii) Mr/Mrs/Miss/Ms * _____
(English, surname first) (Chinese)

Hong Kong Identity Card Number : _____

(iv) Mr/Mrs/Miss/Ms * _____
(English, surname first) (Chinese)

Hong Kong Identity Card Number : _____

(continue on separate sheet if necessary)

For completion if the ownership is a corporate body :

(i) Name of the Company in English :

(ii) Name of the Company in Chinese :

Section IV *Particulars of the Non-government Organization (For completion if the residential care home for the elderly is a subvented or self-financing non-profit-making establishment)*

(a) Name of the Organization in English :

(b) Name of the Organization in Chinese :

Section V(A) *Particulars to be completed by the applicant if the applicant is an individual (see Note (a))*

(a) Full name of the applicant in English (must be the same as shown on HKIC) :

Mr/Mrs/Miss/Ms* _____
Surname first, then other names

(b) Full name of the applicant in Chinese characters (must be the same as shown on HKIC) :

(c) Hong Kong Identity Card Number : _____

(d) Residential address :

Flat/Room	Block	Floor	Name of Building
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Number and Name of Street/Estate	District
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Hong Kong/Kowloon/New Territories *

(e) Correspondence address (if different from (d) above) :

Flat/Room	Block	Floor	Name of Building
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Number and Name of Street/Estate	District
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Hong Kong/Kowloon/New Territories *

(f) Telephone number : _____ (Residence)

_____ (Office)

**I select the residential address /
correspondence address as the address
to be indicated in the Licence (Item 3(b) refers).**

- (g) Position held by the applicant in the residential care home for the elderly : (if applicable)

Section V(B) *Particulars to be completed by the applicant if the applicant is a corporate body/ non-government organization **

- (a) Name of the Company/Non-government Organization * in English :

- (b) Name of the Company/Non-government Organization * in Chinese :

- (c) Business Registration Number (if applicable) : _____

- (d) Certificate of Incorporation Number (if applicable) : _____

- (e) Address of the Company/Non-government Organization * :

Flat/Room	Block	Floor	Name of Building
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Number and Name of Street/Estate	District
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Hong Kong/Kowloon/New Territories *

- (f) Telephone Number : _____

- (g) Name of Responsible Person of the Company/Non-government Organization* :

Mr/Mrs/Miss/Ms * _____
(English, surname first) (Chinese)

- (h) Position held in the Company/Non-government Organization* :

Section VI *Declaration of applicant*

I declare that :

- (a) the information in this application is true and correct to the best of my knowledge and belief; and
- (b) the operation, keeping, management or other control of the residential care home for the elderly referred to Section II above is under my continuous and personal supervision.

Date : _____ Signature of applicant : _____

Company/Organization chop* (if applicable) : _____

* Delete as appropriate

Note: (a) Individual(s) means natural person(s)

- (b) The applicant should forward the following documents to the Licensing Office of Residential Care Homes for the Elderly(LORCHE), Social Welfare Department at :

Room 2354, 23/F Wu Chung House
213 Queen's Road East
Wan Chai
Hong Kong

- (1) the original and three copies of this application form
- (2) photocopy of the Hong Kong Identity Card of the applicant (applicable if application is made by an individual)
- (3) certified copy of Business Registration Application and photocopy of the Business Registration Certificate from the Commissioner of Inland Revenue (applicable for private residential care home for the elderly)
- (4) photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable if application is made by a corporate body)

- (5) seven copies of layout plans of the premises of the residential care home for the elderly in metric and to scale (not less than 1:100 and details in the Guidance Notes on Submission of Floor Plans) for new application (equally applicable to renewal of licence only if there are changes in home layout)
- (6) documents to verify authenticity of the address of the proposed home, e.g. the deed of assignment (for self-owned premises), tenancy agreement (for rented premises) or utility bills such as water supply or electricity
- (7)
 - a. for RCHE located in a non-domestic building or non-domestic part of a composite building, 'No objection' letter issued by the Buildings Department in respect of the intended 'Change in use'
 - b. for a RCHE located in a building defined as the New Territories Exempted House (NTEH), written agreement from the Lands Department to the use of the subject premises for residential care home purpose
- (8) full list of staff employed/to be employed with the following information by using the Staff Employment Record :
 - a. name of staff in both English and Chinese
 - b. Hong Kong Identity Card Number
 - c. sex and age
 - d. post held at the residential care home for the elderly
 - e. working hours
 - f. date of commencement of current employment

WARNING :

Any person who in or in connection with this application makes any statement or furnishes information whether such statement be oral or written, which is false in any material particular and which he or she knows or reasonably ought to know is false in such particular shall be guilty of an offence under Section 21(6)(a) of the Residential Care Homes (Elderly Persons) Ordinance. The supply of such false information may also prejudice the application and an existing licence.